

Attachment A

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

FILED

AUG 28 2020

U.S. DISTRICT COURT-WVND
CLARKSBURG, WV 26301

Cecile M Cole

Your full name

FEDERAL CIVIL RIGHTS
COMPLAINT
(BIVENS ACTION)

v.

Civil Action No.: 5:20cv 187

(To be assigned by the Clerk of Court)

Warden Adams
(SFF Hazelton)
SIA Cooper
Counselor Ware KI

Captain Perez
Captain Asher
Captain Squires

Bailey
Mazzone
Blalock

Enter above the full name of defendant(s) in this action

I. JURISDICTION

This is a civil action brought pursuant to **Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971)**. The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Name of Plaintiff: Cecile Cole Inmate No.: 70302019
Address: PO BOX 3000
Bruceston Mills, WV, 26325

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

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B. Name of Defendant: SIA Cooper
Position: SIA
Place of Employment: SFF Hazelton
Address: PO BOX 450
Bruceston Mills, WV, 26525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: Overall PREA
investigations concerning staff inmate
relations; overall compliance security
and safety

B.1 Name of Defendant: Warden Adams
Position: Complex Warden
Place of Employment: SFF Hazelton
Address: PO BOX 450
Bruceston Mills, WV, 26525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: _____

B.2 Name of Defendant: Counselor Ware K1
Position: Counselor
Place of Employment: SFF Hazelton
Address: PO BOX 450, Bruceston Mills, WV, 26525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

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If your answer is "YES," briefly explain: Counselor assigned to myself; processes administrative remedy and provides all FBDP forms needed, and does LWC hearings

B.3 Name of Defendant: Captain Perez
Position: Captain
Place of Employment: SFF Hazelton
Address: PO Box 450
Bruceston Mills, WV, 260525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: Captain, made 45 DP

B.4 Name of Defendant: Captain Asher
Position: Captain
Place of Employment: SFF Hazelton
Address: PO Box 450
Bruceston Mills, WV, 260525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: Captain

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B.5 Name of Defendant: Captain Squires
 Position: Captain
 Place of Employment: SFF Hazelton
 Address: PO BOX 450, BRUCESTON MILLS, WV, 26535

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: Captain - recently left employment with FBOF to become a government employee with FBI

III. PLACE OF PRESENT CONFINEMENT

Name of Prison/ Institution: SFF Hazelton

A. Is this where the events concerning your complaint took place?
☒ Yes ☐ No

If you answered "NO," where did the events occur?

B. Is there a prisoner grievance procedure in the institution where the events occurred? ☒ Yes ☐ No

C. Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure?
☒ Yes ☐ No

D. If your answer is "NO," explain why not: Yes but have been denied that right over 8x since December due to retaliation by my counselor were not working or processing as per FBOF policy. Recently went on a hunger strike but just increased retaliation

E. If your answer is "YES," identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed

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and state the result at level one, level two, and level three. **ATTACH GRIEVANCES AND RESPONSES:**

LEVEL 1 unable to receive/have worked
LEVEL 2 unable to receive/have worked
LEVEL 3 unable to receive/have worked

IV. **PREVIOUS LAWSUITS AND ADMINISTRATIVE REMEDIES**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? ☐ Yes ☒ No

B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "TV PREVIOUS LAWSUITS"

1. Parties to this previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court: _____
(If federal court, name the district; if state court, name the county)

3. Case Number: _____

4. Basic Claim Made/Issues Raised: _____

5. Name of Judge(s) to whom case was assigned: _____

6. Disposition: _____
(For example, was the case dismissed? Appealed? Pending?)

7. Approximate date of filing lawsuit: _____

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8. Approximate date of disposition. Attach Copies: _____
- C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?
☐ Yes ☐ No
- D. If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought.

- E. Did you exhaust available administrative remedies?
☐ Yes ☐ No
- F. If your answer is "YES," briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted.

- G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"
1. Parties to previous lawsuit:

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Plaintiff(s): _____

Defendant(s): _____

2. Name and location of court and case number:

_____3. Grounds for dismissal: ☐ frivolous ☐ malicious
☐ failure to state a claim upon which relief may be granted

4. Approximate date of filing lawsuit: _____

5. Approximate date of disposition: _____

V. STATEMENT OF CLAIM

State here, as **BRIEFLY** as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. **You must include allegations of specific wrongful conduct as to EACH and EVERY defendant in the complaint.** Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. **UNRELATED CLAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH ADDITIONAL FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10) NEATLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)**

CLAIM 1: denied FBOP right to administrative
remedy and FBOP forms

Supporting Facts: forms giving to Counselor Ware

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by Counselor Solinka, Casemanager, Toner, and CMC Smith-addressed with chain of command to date-no response 8 months to current

CLAIM 2: unable to maintain family, local, community contact through mail-being returned to sender with no mail rejection notice delivered to myself or sender.

Supporting Facts: envelopes postage paid with notice I am not an inmate here; letters from family/friends stating repeated mail items returned to sender, and why-as well as lodged with businesses, & religious correspondance mail returned to sender.

CLAIM 3: Mental trauma and anguish from abuse of power, retaliation, and falsified official FBOP Reports ~~and~~ ~~and~~ cc

Supporting Facts: Frivolous and malicious reporting with no actual offence but "feelings" of writer; personal mental health record and repeated suicide attempts; the death of Inmate Mendoza 6/6/20 due to medical neglect resulting in death.

CLAIM 4: Third Party PREH resulting in inmate favoritism from Rec Spec Supervisor Harding, Jodie E Kyger, and negligence of FBOP & PREH reporting laws by SIA/Cooper in a cover up by filing false staff statements

Supporting Facts: text app between Kyger/Harding; Harding paid for "NEPT Training manual and

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acted as a facilitator to testing; Video footage;
inmate and staff supporting statements

CLAIM 5: Denied Access to legal mail, documents,
and religious correspondence course plus
reading material (Jewish Bible) Kabanah
in entirety

Supporting Facts: repeated cop outs; 8,9 administrative
remedy, and Chuang Yen Monastery Course
2020 Route 301, Carmel, NY, 10512

VI. INJURY

Describe **BRIEFLY** and **SPECIFICALLY** how you have been injured and the exact nature of your damages.

mental health drastic decline multiple
suicide attempts; increased mental deficit
and increased anxiety, PTSD; negatively effected
my rehabilitation and my belief in FBOP,
denied rights award by Constitution

VII. RELIEF

State **BRIEFLY** and **EXACTLY** what you want the Court to do for you. *Make no legal arguments. Cite no cases or statutes.*

Hold SFF Hazelton accountable provide
an injunction guaranteeing the prevention
of recurrence, and inmates civil rights
are honored and SFF Hazelton Responsibilities met
and monetary award - I cannot even suggest
or recommend. My rights are not for sale but my
counseling is going to be a lifetime - so if they will
provide that Thank You and a contribution to non profit
HumanKindness PO Box 61619 Durham, NC, 27715

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DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at SFF Hazelton on Aug 3 2020.
(Location) (Date)

Cecile M Cole
Your Signature

Attachment E

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Cecile M Cole

Your full name

v.

Civil Action No.: _____

SFF Hazelton
Warden Adams
SIA Cooper
Counselor Ware K1

Captain Perez
Captain Asher
Captain Squires

Enter above the full name of defendant(s) in this action

Certificate of Service

I, Cecile M Cole (your name here), appearing *pro se*, hereby certify
that I have served the foregoing Federal Civil Rights Complaint (title of
document being sent) upon the defendant(s) by depositing true copies of the same in the
United States mail, postage prepaid, upon the following counsel of record for the
defendant(s) on 8/4/2020 (insert date here): ~~through B&D~~

(List name and address of counsel for defendant(s))

Cecile M Cole
(sign your name)

Thank You for Your Help to
Enforce my Rights!